

HISTORY OF ROOFING INSTALLATION

BUILDING NAME AND ADDRESS	_____

TOTAL AREA OF EACH ROOF TYPE	Built-Up _____	Sq. Ft.
Sheet Metal _____	Shingle _____	Sq. Ft.
Single Ply _____	Other _____	Sq. Ft.

- ☐ **ORIGINAL ROOFING OF NEW BUILDING**
☐ **REROOFING OF EXISTING BUILDING**

DATE OF FINAL ACCEPTANCE OF ROOF	_____
DATE OF FINAL ACCEPTANCE OF BUILDING*	_____
DATE OF RECORD DRAWINGS	_____
DATE OF NINE MONTH INSPECTION	_____ actual _____
DATE OF TWENTY-FIRST MONTH INSPECTION	_____ actual _____
DATE OF EXPIRATION OF TWO YR. GUARANTEE	_____
DATE OF INSPECT BEFORE END OF GUARANTEE	_____ actual _____
DATE OF EXPIRATION OF ROOF GUARANTEE	_____
GUARANTEE/WARRANTY NUMBER (important number)	_____

	Roofing Sub-Contractor	Building General Contractor*
Firm	_____	_____
Contact	_____	_____
Phone	_____	_____

	Roofing Materials Manufacturer	Insulation Materials Manufacturer
Firm	_____	_____
Product	_____	_____
Phone	_____	_____

	Firm Prepared Plans & Specs	Roofing Inspection Firm
Firm	_____	_____
Contact	_____	_____
Phone	_____	_____

WERE ALL ROOF AREAS ON THE BUILDING REROOFED? ☐ YES ☐ NO

IF "NO", GIVE SPECIFIC LOCATION OF AREAS REROOFED: _____

TOTAL COST OF THE PROJECT AS PER G.S.FORM E&B CO-14	\$ _____
TOTAL COST OF ROOFING OR REROOFING (IF AVAILABLE)	\$ _____

* APPLIES TO NEW BUILDING CONSTRUCTION PROJECTS ONLY